

Please type a plus sign (+) in this box

Comparable to PTO/55/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0021

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket No.: SYN 1777 First Named Inventor: Yoram Ofek
<input type="checkbox"/> Declaration Submitted with Initial Filing	COMPLETE IF KNOWN
<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16(e)) required	Application Number: Filing Date: Group Art Unit: Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LINK TRANSMISSION CONTROL WITH COMMON TIME REFERENCE

the specification of which:

☒ is attached hereto;

OR

☐ was filed on _____ as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application, which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
Not applicable					

☐ Additional foreign application numbers are listed on a supplemental priority date sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 USC 119(e) of any United States Provisional application(s) listed below.

Application Number(s)	Filing Date(MM/DD/YY)	Attorney Docket Number
60/235,765	09/27/2000	SYN 1768-P
60/261,133	01/10/2001	SYN 1775-P

Please type a plus sign (+) in this box

Comparable to PTO/55/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0021

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
09/120,700	07/22/98	

Additional U.S. or PCT international application numbers are listed on a supplemental priority date sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

OR X Customer Number _____ Registered practitioner(s) names/registration number listed below.

Name	Registration No.	Name	Registration No.
David H. Sitrick	29,349		

Additional registered practitioner(s) named on supplemental Registered Practitioner information sheet PTO/SB/02C attached hereto:

Direct all correspondence to: _____ Customer Number _____ OR X Correspondence address below.

Name: SITRICK & SITRICK

Address: 8340 N. Lincoln Avenue, Suite 201

City: Skokie,

State: Illinois

Zip: 60077

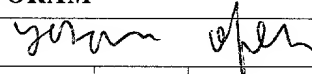
Country: USA

Telephone: (847) 677-4411 Fax: (847) 677-4656

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First inventor:

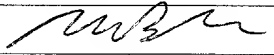
_____ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) YORAM				Family Name or Surname OFEK			
Inventor's Signature						Date:	9/18/01
Residence: City	Riverdale	State	NY	Country	US	Citizenship	US
Post Office Address	2600 Netherland Avenue, Suite 1921						
Post Office Address							
City	Riverdale	State	NY	ZIP	10463	Country	US

X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Second or Joint inventor:

____ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) MARIO				Family Name or Surname BALDI			
Inventor's Signature						Date:	9/18/01
Residence: City	Cuneo	State	Italy	Country	Italy	Citizenship	Italy
Post Office Address	Viale Angeli 43						
Post Office Address							
City	Cuneo	State	Italy	ZIP	12100	Country	Italy

09961030-09401
10260 DEPT 9560